

ISSUE SLIP STAPLE AREA (for additional cross references)

POS	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	100	JCS/705	05/10/01
RESPONSE FORMALITY REVIEW	Request	925	08-29-01

INDEX OF CLAIMS

✓ Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here.

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